

# APPLICATION FOR NAME CHANGE OR DUPLICATE COPY

## ARIZONA DEPARTMENT OF EDUCATION-CERTIFICATION UNIT

**Phoenix Office: P.O. Box 6490, Phoenix, AZ 85005-6490 Telephone: (602) 542-4367**  
Flagstaff Office: 2384 N. Steves Blvd., Box-C, Flagstaff, AZ 86004 Telephone: (928) 679-8117  
Tucson Office: 400 W. Congress St., #118, Tucson, AZ 85701 Telephone: (520) 628-6326

### GENERAL INSTRUCTIONS AND INFORMATION: Please submit the following:

- A. A valid Arizona Fingerprint Clearance Card (plastic) issued by the Arizona Department of Public Safety at (602) 223-2279.
- B. Complete this application and submit a \$20 money order, cashiers check or personal check **ONLY**, made payable to the Arizona Department of Education (ADE). Fees are not refundable. **Cash will not be accepted.**

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### PERSONAL INFORMATION (TYPE OR PRINT IN BLUE OR BLACK INK)

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** M / F  
(For identification purposes only)

**Full Legal Name:** \_\_\_\_\_  
Last First Middle

**Mailing Address:** \_\_\_\_\_  
Street Number or P.O. Box City State Zip

**Telephone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
(Home) (Home)

**Ethnicity:** \_\_\_\_Asian or Pacific Islander \_\_\_\_Black or African-American (Not-Hispanic) \_\_\_\_Hispanic or Latino  
\_\_\_\_White (Not-Hispanic) \_\_\_\_American Indian or Alaskan Native \_\_\_\_Other

(Gender and Ethnicity are requested for federal reporting purposes only)

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### PLEASE PLACE AN "X" ON THE LINE NEXT TO THE REQUESTED SERVICE, SIGN AND DATE

\_\_\_\_\_ A duplicate copy of my certificate.

\_\_\_\_\_ A new certificate issued in my new name due to my name being legally changed. (Please submit proof of name change; a marriage license, court order, divorce decree or drivers' license are all acceptable forms of documentation.)

**FORMER NAME:** \_\_\_\_\_  
Last First Middle

**NEW NAME:** \_\_\_\_\_  
Last First Middle

\_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature

\*PURSUANT TO A.R.S. 15-534.03, EACH EDUCATOR MUST NOTIFY THE DEPARTMENT OF EDUCATION OF ANY CHANGE OF ADDRESS WITHIN THIRTY DAYS. CHANGE OF ADDRESS FORMS ARE AVAILABLE ON OUR WEBSITE.

ALL DOCUMENTATION, INCLUDING TRANSCRIPTS, BECOMES THE PROPERTY OF THE ARIZONA DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED. REQUIREMENTS MAY BE SUBJECT TO CHANGE AND ARE FULLY REFERENCED IN THE ARIZONA REVISED STATUTES AND ADMINISTRATIVE CODE.